

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10607838 03-23-04

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12	1					
13	1					
14		4				
15		4				
16		4				
17		4				
18		4				
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33		4				
34		4				
35		4				
36		4				
37		4				
38		4				
39		4				
40		4				
41	1					
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	51					
TOTAL DEP.	118					
TOTAL CLAIMS	123					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						